

**AUTHORIZATION FOR RESTORED ANNUAL LEAVE
UNDER P.L. 93-181 OR P.L. 94-172**

1. NAME (Last, First, Middle)		2. AGENCY CODE	3. EMPLOYING OFFICE CODE
4. TOTAL AMOUNT OF ANNUAL LEAVE RESTORED (Hours)		5. SOCIAL SECURITY NUMBER	
6. RESTORED ANNUAL LEAVE DUE TO (Circle Appropriate Code(s)) <div style="text-align: right; margin-right: 20px;">NO. OF HOURS</div> <div>PUBLIC EXIGENCY 1 _____</div> <div>SICKNESS 2 _____</div> <div>ADMINISTRATIVE ERROR 3 _____</div> <div>UNWARRANTED—UNJUSTIFIED PERSONNEL ACTION 4 _____</div> <div>BASED ON SF-1150 5 _____</div>		7. ACTION CODE (Insert X) 1— NEW OR ADDITIONAL <input type="checkbox"/> 2— REPLACEMENT <input type="checkbox"/> 3— DELETE <input type="checkbox"/>	
8. LEAVE TO BE USED BEGINNING DATE _____ ENDING DATE _____			
9. SIGNATURE (Authorizing Official)		TITLE	10. DATE APPROVED